

## 2000 CLINICAL LABORATORY PERSONNEL LICENSE RENEWAL

### Continuing Education Activity Summary for 1999



Return to: **LABORATORY FIELD SERVICES**  
2151 Berkeley Way, Annex 12,  
Berkeley, CA 94704  
(510) 873-6327

Name		License number	Telephone (day)	Telephone (home)	
		-			
Mailing address (number, street)	City	State	Country	ZIP code	

## INSTRUCTIONS

Complete Section 1 to record 12 hours of approved continuing education (CE) from approved accrediting agencies. You need not report more than 12 hours. You must include the agency number and the provider course number on the form.

Complete Section 2 if you have successfully concluded a college or university level course that is relevant to the scope of practice of clinical laboratory science.

**DO NOT SEND COPIES OF YOUR CERTIFICATES AND ESPECIALLY DO NOT SEND THE ORIGINAL CERTIFICATE UNLESS INSTRUCTED BY THIS OFFICE.** Copies of your certificates or the transcript of your college/university course will be requested by the department if you are randomly selected for audit of the continuing education courses you reported. You must sign the signature line at the bottom of this form to certify the authenticity of your reported CE courses.

## SECTION 1: ACCREDITING AGENCY APPROVED COURSES FOR CLINICAL LABORATORY SCIENCE

DATE	AGENCY NUMBER	PROGRAM TITLE	COURSE NUMBER	HOURS
TOTAL HOURS				

## SECTION 2: COLLEGE OR UNIVERSITY LEVEL COURSES

COLLEGE OR UNIVERSITY	COURSE TITLE	SEMESTER OR QUARTER UNITS	COURSE DATES	CONTACT HOURS

*I certify that I have taken the courses listed above and will have certificates in my possession to verify successful completion of the continuing education courses listed in Section 1 or an official transcript for the courses from an accredited college or university listed in Section 2. I understand that I am responsible for maintaining these legal documents for four years.*

Signature of licensee required	Signature date
	